

# WINNING THE RACE AGAINST CANCER

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HEARING  
BEFORE A  
SUBCOMMITTEE OF THE  
COMMITTEE ON APPROPRIATIONS  
UNITED STATES SENATE  
ONE HUNDRED NINTH CONGRESS  
SECOND SESSION

**SPECIAL HEARING**  
JULY 28, 2006—IOWA CITY, IA

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FRIDAY, JULY 28, 2006

U.S. SENATE,  
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN,  
SERVICES, EDUCATION, AND RELATED AGENCIES,  
COMMITTEE ON APPROPRIATIONS,  
*Iowa City, IA.*

The subcommittee met at 8:30 a.m., at the University of Iowa, Iowa Memorial Union, 2nd Floor Ballroom, Iowa City, Iowa, Hon. Tom Harkin presiding.

Present: Senators Harkin and Specter.

Also present: Senator John Kerry.

### OPENING STATEMENT OF SENATOR TOM HARKIN

Senator HARKIN. Good morning, everyone and I do mean everyone. I just opened the paper this morning and I see I've got some things to watch today or to get online and see online. There is "Where is Lance Today?"

I can go online and see that. Lance is right across the isle—I can also get that online but the best one that I want to get is, Watch Lance Eat Pie.

I've always wanted to watch Lance Armstrong eat pie for some reason, I don't know. Coconut cream pie, that's right. Exactly.

Well, good morning everyone. The Senate Appropriations Committee on Labor, Health, Human Services, Education, and Related Agencies will come to order. This is an official hearing of the Appropriations Committee of the Senate on Health, Labor, Education, and Related Agencies. Let me thank the University of Iowa for making this excellent facility available to us this morning, given the obvious interest in Lance Armstrong's testimony, perhaps we should render the Keynes Stadium for this, this morning. Folks in Iowa have been thrilled to have Lance in our State this week for RAGBRAI (Register's Annual Great Bicycle Ride Across Iowa). We just made him promise to not ride the whole thing in one day.

Mr. ARMSTRONG. You guys!

Senator HARKIN. The focus of this morning's hearing is to determine where we stand in cancer research and in providing access to quality care. I also want to explore whether we are adequately supporting prevention and screening. Unfortunately, I'm obliged to begin this morning's hearing by acknowledging a harsh reality. Since the Second World War, the United States is the undisputed leader in biomedical research, much of which goes on right here at this great University.

With the Federal Government providing both the vision and the funding necessary to maintain that leadership. But today our leadership is threatened. Last week, the President vetoed H.R. 810, the Stem Cell Research Enhancement Act. That bill passed by a bipartisan vote in both the House and the Senate. That decision means that many of America's top scientists will remain in a strait jacket, unable to move forward in the most promising field of medical research in our time, research that has a very special interest to cancer researchers and Dr. Weiner will speak to that.

Meanwhile, the President's budget for fiscal year 2007 would cut the funding for the National Cancer Institute by \$40 million. That comes on the heels of a \$35 million cut this year. The President's budget also cuts cancer programs at the Centers for Disease Control and Prevention, including reductions to breast and cervical cancer screening programs as well as to the Survivorship Program, which of course works in collaboration with Lance Armstrong Foundation. In our markup of the bill last week, we were able to cobble together a small increase for NIH and the CDC Cancer Programs but that was just to try to get us back to the 2005 level, not any increases, but try to get us back just to the 2005 level and again, I want to make sure this is not a partisan thing.

My friend, Arlen Specter, who is the Chair of this subcommittee, a Republican from Pennsylvania said the bill represents, and I quote his words exactly, "the disintegration of the appropriate Federal role in health, education and worker safety." So, in the President's budget, funding is cut for 18 of the 19 Institutes of the National Institute of Health. As I said, the National Cancer Institute gets cut for the second year in a row.

So today, we're going backward. Instead of funding a war on cancer, the President's budget would fund a retreat in the war on cancer. How many of us in this audience have had someone in our family or a loved one who has cancer or themselves have had cancer? See what I mean? My own family has been hit hard by cancer. I had five sibling, six kids. Four of them have already died of cancer. Two were breast cancer, one prostate, one thyroid. So it hit our family pretty darn hard. Well, that's why this hearing and the testimony of our witnesses are so important.

If we are going to win the race against cancer, we need a sustained, relentless and stoppable focused commitment to victory, a sort of a Lance Armstrong-type of commitment to winning and that attitude is what all our witnesses this morning share in common. I will read them all and when I introduce them, I'll just call them by name. First, my friend and my colleague, Senator John Kerry of Massachusetts, himself.

He himself waged a successful personal battle against prostate cancer. He has been, in the all the years that we've served together and we came together to the Senate in 1984. He has been an outspoken champion of cancer research and he is a recognized leader in the Senate to improve health care, the whole health care system in America. Lieutenant Governor first in Massachusetts and as I said, a Senator since 1984 and of course, the Democratic Party nominee for President in 2004.

Lance Armstrong needs no introduction. I'll just skip over Lance, everybody knows Lance.

Gary Streit is a native Iowan, a graduate of Iowa State and the University of Iowa, College of Law. He is an attorney in Cedar Rapids. Mr. Streit has been an active volunteer for the American Cancer Society for three decades, Chair of the Society's National Board in 2002–2003 and he played a major role in founding the Society's Cancer Action Network.

Dr. George Weiner, Director of the Holden Comprehensive Cancer Center here at the University, Chair of the State of Iowa's Comprehensive Cancer Control Consortium. He earned his undergraduate degree at Johns Hopkins and medical degree from Ohio State and has been a faculty member here since 1989.

Shirley Ruedy, a three-time cancer survivor and award-winning author of the Cancer Update column in the Cedar Rapids Gazette. She is a recipient of the American Cancer Society's Courage Award, among many other distinctions. Shirley Ruedy, thank you again.

At the end of when the witnesses formally testify, I'll have a few questions for them and then I intend to have an open mike and somebody has a mike to run around the room with here and we'll try to have as much interaction as possible. If you have questions or comments or suggestions, we'd like to hear from all of you. Now, I'll just say to all our witnesses, any statements you have will made part of the record in their entirety. If you could sum it up in 5–7 minutes, I would sure appreciate it and we first turn to my colleague and good friend, Senator John Kerry.

#### STATEMENT OF SENATOR JOHN KERRY

Senator KERRY. Thank you, Tom.

Tom Harkin, thank you very, very much for inviting me to be here. It's wonderful to be back here in Iowa. It is wonderful to be here in Iowa City and back at the University, which I've visited many times and always being back at the University reminds me of a lot of memories from college days, most of which I can now talk about since the statute of limitations has passed.

It is special to be here with this panel, Lance Armstrong and each of the experts who are going to share some thoughts with us about cancer and cancer research today. We're here for a very simple reason, to protect, to guard our Government's commitment to fighting and to one day, curing cancer. As Senator Harkin said to you, he and I came to the Senate together in 1984, we were elected. We were then number 98 and 99 in seniority in the U.S. Senate and I think we are now both lower than 20, to tell you how time passes. In that time, Iowa and the country have been so extraordinarily represented in all of the issues of education and health, by Tom Harkin.

I am grateful for his friendship. As you know, Tom was very close to Paul Wellstone, Paul Wellstone was thought to be sort of the conscience of the Senate and I will tell you, Tom Harkin, with his commitment to the Americans with Disabilities Act, to his funding of health care programs and education has been absolutely superb. He is today, in my judgment, our conscience of the Senate. I'm grateful to him for his leadership and all the work he does.

Lance Armstrong, besides watching him eat pie, is obviously an inspiration to all of us and to people all over the world. I was here in Iowa, on the banks of the Missouri River at a rally. When I came

down after talking and a woman with tears in her eyes, with an obvious level of just upset and anxiety and passion, grabbed me and said, “You gotta wear this” and she handed me my first—this is not the same one, that one broke and I had to replace it but I have it—she handed me my first bracelet and said, “you have to wear this for cancer.” So literally, I put it on then and I never took it off and I’ve never taken it off since. It’s a reminder of this fight that was represented by all those hands that just went up in here, a fight that Tom just told you took so many members of his family, a fight that cost my grandfather his life with colon cancer, my father, his life with prostate cancer, and my ex-wife 3 months ago with bladder cancer.

I can’t tell you how many people I’ve met in the course of traveling this Nation of ours who noticed my bracelet and would share with me the stories of their fight and their battle to try and cure cancer. This bracelet and Lance’s work have created an enormous sense of community and most importantly, a sense of the possibilities, of hope, of what we can achieve if we tap into the best of the American spirit.

The fact is, that all of you sitting here who raised your hands have either beaten it yourself or known somebody who has or on the other side, lost somebody because we didn’t go far enough in this battle. So I was lucky. I was also diagnosed in 2003, about 2 months after I announced that I was going to try and run for President. You can imagine, literally—I think it was about Christmas Eve when I got the phone call and you go through this incredible process of questioning and wondering. You don’t know anything at first so you go through this, you know—what are the options? How bad is it? Where am I?

I determined, like a lot of others, like Lance and others, that this wasn’t going to get in the way, somehow I was going to beat it. But I was lucky. I had early detection. I had the best health care in the world and too many people in our country don’t get that. They don’t know the options, they don’t get early detection, they don’t have the availability of the best health care. So that’s really what we have to talk about, about—I mean, just understanding those options and realizing what choices I had made an enormous difference psychologically, to the ability to be able to go out and deal. That experience makes me more determined than ever and something I’ve always believed: Number one, that everybody in this country ought to be able to get a healthcare plan that is just as good as the one that Members of Congress give themselves. That’s number one.

Number two, that cancer research, the number one killer of people in America under the age of 85, cancer research has got to be a real national priority, not a rhetorical one but a real one in every sense of the word. Now we’ve seen what we can do when we invest in research. The rewards are probably immeasurable. In 1971, fewer than half of all the cancer patients lived 5 years beyond their diagnosis. Today it is up to 64 percent for adults, 79 percent, which is remarkable, for children under the age of 14 and since 1971, we’ve more than tripled the number of cancer survivors. That is real progress and it is progress that you just can’t put a price tag on. There is no greater success and there is no greater return to



public life or to community life, than saving lives. You can't quantify it. We have been made better as a whole, as a Nation, as a community, because of this research and this effort. But folks, we got miles to go to alleviate a lot of suffering.

This year, nearly 565,000 Americans are going to die of cancer. That's more than 1,500 people a day or every 2 days, the equivalent of what we lost in New York City. It's America's number one killer, as I said, under the age of 85. The National Cancer Institute is our frontline for the fight. Lance, I'm very grateful to him. He helped connect me to that from my ex-wife's battle and they are fighting so hard to move forward.

George Weiner, a moment ago, was telling me about what they are doing here at Holden and how so many projects are on hold. They're ready to go but it takes a lot of time to take things from laboratory out into the marketplace and we are sitting on that ability to be able to move forward and we shouldn't be.

So today's Field Hearing here in Iowa is a wonderful setting to really renew this commitment and understand in the heartland of America, how we can communicate to public officials and guarantee this commitment. Right here in Iowa, at the Holden Center, you've got world-class care, world-class education, world-class research but again, it is restrained by the lack of funding. For an incomprehensible reason and I do mean incomprehensible, without any party label attached to it, we saw cuts to the cancer research budget this year compared to last year's funding. It is impossible to pretend and Chairman Harkin knows this, you can't pretend that this is being done to cope with record budget deficits. It's not. There is no shortage of money fundamentally. There is a deficit of willpower and this is, if anything is, a fundamental question of values.

In Congress, we measure our values in the priorities and choices that we live out every day in our budget. That's where you put your values so we're here today to state emphatically, it is wrong and shortsighted for the Federal Government to cut funding for fighting cancer. We're here because it is so fundamentally contradictory to the values of America that we can find and borrow even, maybe up to \$1 trillion, for the war in Iraq and yet, we are \$40 million shy of where we were last year in the President's budget in the fight. Now, Tom Harkin and his Committee have made a difference in that but it is only a difference by \$9 million, folks. That's less than 1 percent and we should be making a commitment of least a 5 percent increase per year until we have found the cure to this scourge. So to all who come in contact with this disease, the impact of the research is just undeniable. What happens when you cut the research is, you create uncertainty in all of the centers. You put projects on hold—who knows whether it is the project that is going to be difference with one particular cancer or another?

So, Mr. Chairman, there is one thing you find out when you talk to folks with cancer and their families, is when you get the result back and you hear that diagnosis, cancer doesn't discriminate between the rich and the poor, the middleclass. It is a fundamental test of our priorities and I'll tell you, the wealthiest people in this country, in my judgment, would welcome a cure for cancer before they get another tax cut.

So Mr. Chairman, I close and I look forward to joining you as part of the panel here. I just say, the American spirit is defined by our ability to explore. We explored the human genome system, we explored the universe, we mapped the stars and the planets, we've broken through because a couple of bicycle mechanics went from Ohio to Kittyhawk and we took flight and it changed history. That's who we are. The life sciences are the future. We need to make that kind of commitment because in the end, it is that kind of commitment that defines the special spirit of being American. It is my privilege to be here today. I look forward to the testimony of those who follow and I look much more forward to us fulfilling our commitment to ourselves, as human beings and as a country. Thank you.

Senator HARKIN. Thank you very much, John. Senator Kerry, thank you very much and join us here at the table. Next we'll turn to Gary Streit of Cedar Rapids.

#### STATEMENT OF GARY STREIT, CEDAR RAPIDS, IOWA

Mr. STREIT. Senator Harkin, Senator Kerry, Mr. Armstrong, Dr. Weiner, my good friend, Shirley Ruedy, other honored guests, ladies and gentlemen. This is truly an honor for me to be here today to represent the American Cancer Society and offer a few brief comments on the progress that researchers made over the past several decades and what the promise is that is held for the future.

Senator Harkin, I want to thank you for your singular effort on many broad issues relating to cancer care and cancer research. You have demonstrated that cancer is truly a political as well as policy issue in addition to being a scientific and medical one. I've been an American Cancer Society volunteer for almost 30 years. I'm not an incredibly talented scientist like Dr. Weiner. I'm not a powerful Senator like Senators Harkin or Kerry who can appropriate millions and billions of dollars to fight cancer research. I'm not a person of the uncommon courage and strength like that of Lance Armstrong but like many people in this room and across the country, we all want, in small way, to give a part of our life to helping others. When I started as an ACS volunteer in the 1970s, the 5-year survival rate for cancer was less than 50 percent.

Today, as Senator Kerry mentioned, it is over 64 percent for adults and 79 percent for young people under the age of 14. Back in the 1970s, if a young man was diagnosed with testicular cancer that had spread to his lymph nodes, lungs and brain, he had no chance of survival, none. Today, that young man is sitting three persons to my right. Lance Armstrong survives today because of the breakthroughs that have been made in scientific research in cancer. All Iowans are honored by your presence with us today, Lance. The American Cancer Society has been working with your Foundation in Washington on many issues that we both care deeply about and we look forward to that partnership.

I'm a little monochromatic, as my kids will quickly tell you, so I can only kind of do one color at a time so I chose a yellow tie instead of my yellow bracelet. We have a purple bracelet that has the word written on it, hope, and that is really what the research efforts that I'm going to talk about in a few minutes, really addresses. There are 10 million cancer survivors today, compared

with 3 million when the National Cancer Act was passed in 1971. Since 1991, there has been a 10 percent decline in age-adjusted mortality rate from cancer and in 2005, for the first time in our country's history, there has been an actual decline in the number of people dying from cancer. So don't let anyone tell you we're not making progress. The advances in research have come on many, many fronts: improved treatment methods, vaccines, and chemotherapies, unlocking the secrets of molecular transformations with cancer through basic research and broad-based epidemiology studies.

As recently reported by John Neterhuber, the Deputy Director of the NCI, we've found that adding Herceptin to standard adjuvant chemotherapy significantly reduces the risk of recurrence in women with certain types of early stage breast cancer. Dr. Neterhuber also reported equally stunning results from the trial of vaccine that protects against two strains of the HPV virus that causes over 70 percent of cervical cancers, a disease that kills more than 200,000 each year, many in developing countries. As we have seen with Gleevec, Avastin, and Herceptin, we are now dealing with targeted therapies, drugs that attack the cancer itself and eliminate the horrible impact of chemotherapy on the healthy tissues around the site of the cancer. Right here in Iowa City, amazing research is going on in the basic sciences but as well in the applied sciences.

The National Cancer Institute is conducting a trial involving 53,000 smokers and nonsmokers across the country to determine whether one of two methods is far more effective in detecting early lung cancer when it can be treatable. Dr. Weiner and the Holden Cancer Center pulled off a remarkable collaboration with the American Cancer Society and other community-based organizations to recruit a full cohort of participants in this study and are moving well ahead of pace.

Despite the remarkable progress of the past decades, in the words of Dr. von Eschenbach, the former Director of the NCI and currently the Director of the FDA, "we have been crawling and now we can fly," in referring to the progression from macroscopic care to microscopic medicine to molecular medicine. Dr. Len Licktenfeld, of the American Cancer Society recently wrote, where we used to treat patients with their cancers, we are now treating the actual cancer cell itself. Research has opened the era where we now understand how the cancer cell works and what avenues are available to reverse those changes and push the cell back into normality. In short, we are on the verge of some truly amazing breakthroughs, all of which lead me to four concluding themes.

The first is, the importance of supporting and sustaining efforts such as those led by Dr. Weiner at the University of Iowa and by his peers at the other NCI-designated Comprehensive Cancer Centers, to translate research from the bench to the bedside and to help assure that all Americans have access to quality cancer care and treatment. It is a cruel paradox that many of our fellow citizens are denied the ability to benefit from the truly remarkable scientific breakthroughs of the past several years.

The second is to support all forms of research, from basic science to clinical trials to translational investigations, to behavioral and psycho-social research that can help design the products that will

lead all of us as Americans to get off the couch, to be more physically active, to get involved in the screening and other prevention activities that will lead to early detection when cancer can be treated.

The third is to look beyond our borders and appreciate that cancer is a global issue. It is our moral imperative to do all that is within our power to share the products of research in the United States with developing countries around the world. Concurrently, the United States needs to assume a greater role in reducing the deadly effects of tobacco usage around the world, starting with the President sending the Framework Convention on Tobacco Control treaty to the Senate for ratification. As Dr. John Seffrin, the CEO of the American Cancer Society recently reported, 10 million cigarettes are smoked every minute of every day around the world. In the last century, tobacco use world-wide killed 100 million people. If left unchecked, tobacco use will kill more than 1 billion people in this century and if we let that happen, it will be the worst case of avoidable loss of life in world history.

Finally, we must adequately fund our cancer research efforts. In 2003, I stood in the East Room of the White House at a ceremony in which President Bush paid tribute to Lance Armstrong for one of his many Tour de France victories. I kind of lost track, Lance. But as President Bush said at that time, to win the war against cancer, we must fund the war against cancer. This pronouncement was made in the midst of doubling the NIH budget.

Now Congress and the administration are undermining that promise by not providing the funding that is necessary to sustain grant commitments, maintain new infrastructure, attract and retain talented scientists and pursue the promising leads generated by ongoing research. Funding shortfalls, such as the \$40 million cut proposed this year and last year's \$35 million cut, disrupt research efforts for years to come. Americans say that cancer is their most feared disease and our funding priorities should reflect that.

The NCI budget amounts to \$16 per American per year. Compare that with the \$6,800 per year that we spend on our health care costs. Compare that to the \$100 per American per year that gets spent on pork. It cost our country \$210 billion this year in lost lives and lost productivity, yet we can only find \$5 billion to support our research and cancer prevention issues. It is not for lack of opportunities. As Dr. Weiner will tell you, we are on the precipice of great breakthroughs. There are far more research applications worthy of funding that can ever begin to be funded by the NCI and the NIH. It is not for lack of return on our investment, as 321,000 people are alive today that would have died between 1991 and this morning. Whether measured in dollars or lives, the cancer investment pays off. Recent breakthroughs have set the stage for exponential progress if we make the right decisions today.

Here in Iowa City, we think we play a pretty good game of football. I was telling Senator Harkin that it is a little bit like Iowa playing for the National Championship, when at the end of the fourth quarter, it is a tie game. Kirk Ferentz's team is driving down the field. The other team and I won't pick on Texas but I wish it were Texas—has no time outs left. We get the ball, first and goal on the one-inch line. We call time out and let the other

team regroup. That is what we are about to do if we pull back today, ladies and gentlemen. So thank you for this opportunity and thank you for your support.

Senator HARKIN. Gary, that was great testimony, thank you very much. Now we turn to Dr. Weiner.

**STATEMENT OF DR. GEORGE WEINER, DIRECTOR, THE HOLDEN COMPREHENSIVE CANCER CENTER, UNIVERSITY OF IOWA, CHAIR, THE STATE OF IOWA'S COMPREHENSIVE CANCER CONTROL CONSORTIUM**

Dr. WEINER. Thank you very much. It is indeed an honor to be able to speak to you today about cancer research and our ability to apply the advances we make to benefit all of us. Many of my comments will reflect what you've already heard from Senator Harkin, Senator Kerry and Gary. My comments are based on both professional and personal experiences with cancer. I am a cancer physician and researcher. My research works on developing new approaches to using the immune system to treat cancer. I also have the privilege of being the Director of the University of Iowa Holden Comprehensive Cancer Center and the Chair of the Iowa Consortium for Comprehensive Cancer Control, a state-wide consortium composed of over 50 organizations in Iowa and a group of wonderful, diverse people, all dedicated to decreasing the burden of cancer, particularly here in Iowa. Finally, like many of you, I have been touched personally by cancer. Both of my parents died from cancer, my mother when I was a young teenager and my father, just a couple of years ago.

First, some of the good news that reflects what Gary already spoke to you about. In Iowa, cancer deaths are decreasing. Between 1996 and 2001, there was a significant drop in age-adjusted death rates and this progress is continuing. We estimate that there are 1,500 Iowans alive today who would have died of cancer if no progress had been made during this 5-year period. The most dramatic improvement has occurred where we have invested most heavily in research and where we have implemented new approaches to early detection and treatment.

Mortality in Iowa from breast cancer dropped 17 percent and from prostate cancer, dropped 19 percent during this period of time. However, I don't need to tell anybody here that this progress is not fast enough. Cancer still kills over 6,000 Iowans each year and research is the key to progress and must be supported. Every day I'm faced with the fact in my job at the Cancer Center, that there are outstanding young physicians and researchers with outstanding ideas that are not being supported. Currently only about 15 percent of the grants that are approved by peer review committees at the NCI receive support and there are just unbelievable numbers of outstanding ideas that are going untested. In addition, we must bring advances made possible by research to the people who need them.

The American Cancer Society estimates that up to 50 percent of today's cancer deaths could have been prevented if all of us had access to and took advantage of state-of-the-art cancer prevention, early detection and therapy. At the top of this list is tobacco use, which is far and away the greatest cause of preventable cancer death, as Gary has reviewed with you. Our efforts to discourage to-

bacco use here at home, particularly among our youth, remain highly inadequate. Tobacco-induced diseases, including cancer, are more common among those with fewer financial and social resources. There are other, unacceptable disparities in the burden on cancer. Cancer screening is significantly lower among underserved ethnic populations and this leads to more advanced cancers that are harder to treat when they are found. Access to high quality care for cancer survivors is extremely uneven and this is an important focus of the Lance Armstrong Foundation and also needs attention in Iowa and across the country.

Fortunately, there is growing recognition of the enormous value to health and the economy that would result if these disparities were addressed and more cancers were prevented, detected early and treated effectively, a concept broadly known as cancer control. The Centers for Disease Control, the National Cancer Institute, State Departments and Public Health, American Cancer Society and many other organizations are increasing their commitment to cancer control. The Holden Comprehensive Cancer Center provides highly specialized multi-disciplinary individualized care and follow-up for Iowans with cancer irrespective of their ability to pay. In addition, the Cancer Center has made major commitments to Iowa's statewide cancer control efforts. This fall, the Directors of the NCI designed cancer centers will release a blueprint that will outline how the academic cancer centers, such as ours, as a whole, can contribute even more to reducing the burden from cancer across the Nation.

Sections of this report will focus not only on research but on prevention, early detection, treatment, survivorship, and dissemination of the research advances to the community. While the profile of cancer control is increasing in the Nation and in Iowa, there is little consensus on who should coordinate and pay for cancer control efforts. Financial support for cancer control is fragmented and inadequate. In Iowa, our consortium has established a comprehensive cancer control plan initially in 2003. We have just revised this plan but because of a lack of resources, we have been unable to implement many aspects of this plan.

In summary, as a cancer physician, researcher and administrator, I can state unequivocally that we are making progress against cancer faster than ever before. Thousands of our loved ones of all ages are here today because of the progress we have made yet we still have such a long way to go. We need to redouble our investment in cancer research and in cancer control. These efforts will require teamwork, commitment, resources, and coherent policies that encourage researchers, public health officials and leaders in academia, government and the private sector to all work together.

With apologies to Mr. Armstrong for my technical language, I would like to conclude by using the bicycle as an analogy for the fight against cancer. The power of knowledge provided through research is represented by the back wheel of the bicycle. Funding for research helps us find the right gear and allows us to peddle as effectively as possible. Cancer control allows us to direct the power of that knowledge in the right direction and is represented by the front wheel of the bicycle. To benefit from our advances in cancer

research, we must steer effectively so that the advances we have made propel us towards our goal. Finally, we must keep the pressure off both in the front and back tires so our effort is not wasted and we must be sure that we are all working together and in a coordinated fashion if we are to win the race against cancer. Thank you again for your wonderful support.

Senator HARKIN. Shirley Ruedy, welcome.

**STATEMENT OF SHIRLEY RUEDY, AUTHOR, THE CANCER UPDATE COLUMN IN THE CEDAR RAPIDS GAZETTE**

Ms. RUEDY. Senator Harkin asked me a few minutes ago just to speak from the heart and I said, Senator Harkin, I do speak from the heart but I am a child of the printed page and I can't get up in front of hundreds of people and just wing it.

Maybe Lance Armstrong can, but I can't. Anyway, what I do want to say prior to my planned remarks is that cancer happens to a lot of celebrities but the best thing that has happened to the war on cancer in a long time is Lance Armstrong. He is one of the few celebrities willing to cash in his cache on the war of cancer. He is putting in not only his name and his fame but his time and his money and making sure that beating cancer is on the minds of every American, from the man on the street to the man in the White House.

My story, I've had a strange odyssey in the land of cancer. Family members for years dropped like flies from the disease—aunts, uncles, cousins, and then my oldest brother was diagnosed with a rare male breast cancer. He was 48. Knowing nothing about cancer at the time, I thought it was just a fluke but it was a red flag. In 1979, on the 14th of November, a magnificent, sunny day, I learned I had breast cancer. I was a pre-menopausal 43 years old. I had a mastectomy. The cancer was estrogen negative, odd because most breast cancers are estrogen positive, depending upon that hormone for growth. Another red flag. Fast forward to 1994. My husband and I planned to go out to dinner on November 14 to celebrate 15 years of my being cancer free. Instead we were sitting in the oncologist's office, hearing for the second time that I had breast cancer. The gods of irony must have been rolling in the aisles except now, the doctors thought it was metastatic. We drove, white-lipped and white-knuckled, to Mayo Clinic, to my friend, Dr. Lynn Hartman, who believed the cancer was primary. I had a second mastectomy. Because the tumor had gone to the chest wall, 4 months of chemotherapy and 7 weeks of radiation followed. Fast forward to 2005. Post-menopausal bleeding led to a D&C at Mayo. The surgeons and I agreed, no hysterectomy unless it was cancer. I woke up and my husband told me they had done a hysterectomy. It was endometrio uterine cancer. I was stunned. At age 69, the score was Shirley zero, cancer three. As is with so many people, I turned to God. I said, "What is this, God? It seems to me I'm taking somebody else's turn here."

"Let's lay off Shirley for a while." But God smiled. I know he smiled because only 5 percent of endometrio cancers are caught that early, Mayo said, and the surgery was considered curative. When I was first diagnosed with cancer, I became curious about this disease that could take my life so I went to the library and

I took out a book and then another and another and I've been reading on cancer since 1979. Not like Dr. Weiner reads but—I came up with the idea of a newspaper column. What the American public needed, I felt, was a regular platform on cancer, not just a mediocre story that flashes across the sky when a study is released. The column needed to illuminate not just the science of cancer but the emotions. Anyone who has been touched with cancer knows that the body is just part of the picture. Your emotions are rolling around like the eye of a hurricane. Those who care for you are in tumult. There is no manual on how to handle cancer. The Gazette's Managing Editor, Mark Bowden, went out on a limb and started running Cancer Update on September 5, 1991.

Response has been tremendously gratifying. Readers trust me for I have walked the road. The medical community trusts me for I value accuracy and honesty above all else. But I am here to tell you today that the only reason I am here at all today is because of the National Cancer Institute and the American Cancer Society. In 1975, I joined a study that they jointly sponsored to compare methods then available for the early detection of breast cancer: mammography, thermography, and clinical examination. It was the fifth and final year of that trial, that my breast cancer was found and I want to make this abundantly clear. If it had not been for that research study, I would have died because I never would have found that breast cancer in time on my own. What I also know now is that all those red flags, male breast cancer in the family, premenopausal breast cancer, cancer in both breasts, estrogen-negative cancer, all pointed to hereditary breast cancer and the BRCA I and BRCA II genes, only identified through research since that long-ago day in 1979, which brings me to an issue of profound significance in my mind: research. As a cancer columnist, I know that at the beginning of the 1900s, almost no one who had cancer ever lived to tell about it.

Now, in 2006, it has soared to a 64 percent survival rate, as has already been pointed out. This is a phenomenal achievement. As it stands today, 1 of every 3 Americans will die of cancer and 3 and out of every 4 households will be affected by it, either directly or indirectly. Cancer is the king of dread in the American mind and our Government's proposed budget for 2007 has slashed an incredible \$40 million from the National Cancer Institute. The cost of research is cheap when you equate it to the increased growth in the economy because of lives not lost, productivity gained, and health costs saved. Crucial studies that save lives will not be funded with the budget cut. Bright, young researchers will not find jobs because of staffing cuts and we will have a brain drain to countries who will fund our best and our brightest.

I hope that Congress will approve the budget amendment proposed by Democratic Senator Tom Harkin and Republican Senator Arlen Specter. It will restore the \$40 million to the National Cancer Institute, which already suffered a devastating cut of \$31 million. We have 10 million cancer survivors alive today. Outstanding survivors like Lance Armstrong and average Americans like me. We all owe our lives to men and women in lab coats. Indeed, we have to realize that research is not our main hope—it is our only hope.



Senator HARKIN. Thank you very much, Shirley, for that and just thank you again for your example of courage. It means a lot to all of us. Now, what can I say about Lance Armstrong that hasn't already been said, I guess. You know, John Kerry and I—I guess people in our positions, we meet a lot of people who have obtained a celebrity status, whether they are in athletics, the performing arts, the business world, politics of course, and you wonder sometimes, what are they doing with their position?

What are they doing with the fact that people to look to them for inspiration, look to them for leadership, look to them for some kind of guidance? Martin Luther King, Jr.—Lance once made this statement. He said that life's most important and persistent question is what are you doing for other? Lance Armstrong has answered that question in a very powerful way. He is using his status, the fact that he is the athlete of the decade, the fact that he has shown great courage in surviving cancer and going on to win the Tour de France seven times. Yes, people do look to him for guidance. They look to people like Lance Armstrong for—you know, what are you doing?

What Lance Armstrong is doing is setting up the Lance Armstrong Foundation. What he has done is to focus the Nation's attention on winning the race against cancer. We all know, since the first time I met Lance a few years ago, I could see that he was focused on two things: winning the Tour de France and winning the war against cancer. Lance Armstrong showed that no obstacle was big enough for him to overcome to win the Tour de France and I'll bet you no obstacle is going to be big enough for him and the Lance Armstrong Foundation and all of us working together to win the war and the race against cancer. Lance Armstrong.

#### STATEMENT OF LANCE ARMSTRONG

Mr. ARMSTRONG. Well, I'm not going to wing it. Thank you, thank you. It is a pleasure to be here. This is my second trip to Iowa and it's a special place, special bike ride, special experience. I think I've said many, many times how—I guess I am winging it for a second here but this has been something that I really didn't expect. The atmosphere and the attitude around RAGBRAI—there is some debate on how we say it but RAGBRAI—never, just a little editorial here, I've never seen people drink beer and ride bikes at the same time.

Cyclists tend to be a little geeky and they worry about the tire pressure and how long the ride is tomorrow and where the hills are, meanwhile you people ride along and worry about the next town, where the beer garden or a pork chop is. I mean, beer and pork chops on a bike? I love it!

Anyways, Senator Harkin, thank you for having this hearing today. This is huge. I want to thank you for your tireless efforts in the U.S. Senate to support cancer research, prevention, early detection, treatment, and survivorship. I know, like so many millions of Americans, you and your family, as you just said, have been personally affected by this disease. As the founder of the Lance Armstrong Foundation, it is indeed an honor for me to appear here with such a distinguished panel. This October 2 marks the tenth anniversary of my cancer diagnosis and as I reflect back on what

has transpired over the past 10 years, I realize how much my life has changed since October 2, 1996. At the time, I knew nothing about cancer. I had no idea how many people were diagnosed with cancer each year. I had no idea how many people were likely to be diagnosed with cancer in their lifetime. I had no idea how many people are killed by cancer each year. I had no idea what the chances were to survive a cancer diagnosis. I had no idea how many cancer survivors are living with, through or beyond cancer.

But today I know. I know that 1.3 million people will be diagnosed with cancer this year, 16,000 in the State of Iowa. I know that 1 in 2 men and 1 in 3 women will be diagnosed at some point in their lives. I know that over half a million people will die from cancer this year in the United States, 6,300 of those from Iowa. While these numbers are sobering and in some ways, impossible to comprehend, they represent incredible advancements since 1971, when President Nixon declared war on cancer and signed the National Cancer Act into law. In 1971, only 3 million cancer survivors were living in the United States. At that time, cancer was largely a death sentence. Thirty-five years later, as everybody here has said and I think we all need to recognize, we have made remarkable progress.

There are now more than 10 million cancer survivors living in the United States today. But today, our goal and our mission must be to redouble our efforts until cancer is truly a chronic disease that you can live with rather than die from. After I was diagnosed, I founded the Lance Armstrong Foundation, a 501-C(3) national, nonprofit organization based in Austin, Texas. Sorry about the football joke but—I'll win that debate today, I promise. LAF's mission was to inspire and empower people affected by cancer. We help people with cancer focus on living. We believe in unity of strength, knowledge is power and attitude is everything. From the moment of diagnosis, the Lance Armstrong Foundation provides the practical information and the tools that people affected by cancer need to live their life on their own terms. We are committed to making cancer a national priority through our advocacy initiatives. I fear that too many people, especially those in positions of power in Washington, DC., do not share this view.

Everyone says they support cancer research, of course and programs and they are willing to do whatever they can but as we speak, our elected officials and our leaders who provide the resources that the experts say are necessary to effectively beat this disease. Actions speak louder than words. It mentioned earlier—you know, I sometimes forget about that visit to the White House—I think that was 2001.

I looked at the President and I'm going off the cuff here but I said, I think this ought to be a priority for our country and this is a President that lost, at a young age, lost a sister to cancer. I looked at him and I said, I think this needs to be a focus and a priority and he said, in order to win the war against cancer, we must fund it. That's the kind of stuff that we love to have on tape. In life, we all must be held accountable and thank you for reminding all of us of that quote. That's powerful. This State will be in that very same position in 2008, when all these guys come through again.

Just keep those cameras rolling when they come through, okay? Don't turn them off. Here is the bottom line. The bottom line is that people have become complacent about cancer. It is an old disease. It's not a priority in Washington because Members of Congress do not believe cancer is a priority back home, some Members. That has to change. As we've heard, there is too much hope, too much progress, and too much promise to accept anything else. Simple steps, steps we should be taking today could virtually overnight cut cancer deaths by one-third, by improving access to early detection, screenings, existing treatments, all of this stuff to the people that slip through the cracks and are diagnosed too late or don't receive the best treatment. We could reduce cancer deaths by one third. Think about it. Almost 200,000 people a year could be saved: a friend, a child, a sibling, a parent, a grandparent—all will be needlessly lost to cancer.

The Centers for Disease Control and Prevention support a number of programs that will help us reach these people and get them services they need. Unfortunately, these Federal programs are woefully under funded. The CDC Comprehensive Cancer Control program supports a collaborative process through which a community and its partners pool resources to promote cancer prevention, improve cancer detection, increase access to health and social services and reduce the burden of cancer. These efforts will contribute to reducing cancer risk, detecting cancers earlier, improving treatments and enhancing survivorship and the quality of life for cancer patients. Every State, including Iowa, has spent time and energy pulling together the key people to develop the plan that best meets the needs of their citizens but to effectively implement these plans, we need to fund these plans. This year, just over \$16 million was available to implement the plans of all 50 States, the District of Columbia, the U.S. Territories, and Native American Tribes.

I applaud you and Senator Specter for adding an additional \$5.1 million in the Senate LHH appropriations bill for this very important program. Unfortunately, too few of your colleagues were willing to make cancer a high enough priority to allow this program to be fully funded. Likewise, the CDC provides access to critical breast and cervical cancer screening services for underserved women throughout the United States, including the four U.S. Territories and 13 American Indian/Alaska Native organizations.

These types of early detection programs have proven to reduce mortality and improve survivorship but due to funding limitations, the CDC estimates the program currently only reaches 20 percent—just 20 percent—of all eligible women, aged 50 to 64. If we increased our investment in this program by \$47,000 million, we could serve an additional 130,000 women. We already know how to do so much more than we are doing. We need to implement what we already know. It is the difference between what we know and what we do. We have to make cancer a national priority and make the investments that save lives. Again, that number was startling, the doctor mentioned, of real time savings of \$210 billion. I think everybody in this room can understand math enough to know that \$5 billion versus \$210 billion speaks for itself.

Last year, for the first time since 1970, Congress passed a funding cut for the National Cancer Institute, a few years after Presi-

dent Bush told me at the White House, as I just said, in order to win the war, we have to fund the war. On the heels of that cut, the House of Representatives has proposed another \$40 million reduction for cancer research at the NCI this year and the Senate is only slightly better, proposing a \$9 million increase, which fails to keep pace with medical inflation. These funding levels are the direct result of Congress, in spite of their efforts by Senator Harkin and Senator Specter, failing to provide adequate resources for medical research and other health programs. This isn't how you treat a priority in this country.

This is a time when we should be significantly increasing, not decreasing our investment and promising extraordinary Federal research opportunities. Federal investments in cancer research have yielded remarkable results, as we've all said. Several drugs developed and are tested by the NCI supportive scientists have proven effective in treating and sometimes preventing certain types of cancer. NCI designated Comprehensive Cancer Centers, like the Holden Comprehensive Cancer Center here at the University of Iowa, are doing great work, serving as hubs for cutting edge research, cancer care and education for healthcare providers.

We must do all we can to protect our cancer research enterprise and maintain the current pace of discovery by increasing our investment in the National Cancer Institute's research portfolio. It is clear to me that the only way to make cancer a national priority is for the people fighting this disease to join that fight or their loved ones. I am more determined than ever to lead this effort.

Now that I've retired from cycling—I think—I get asked all the time, what are you going to do? My friends and my loved ones know that I couldn't just sit around and be retired. I need a fight. I'm a fighter, I was always a fighter. I fought to win seven Tours and I am proud of that.

But I get asked all the time, what are you going to do so you don't get bored? Well, the answer is this: the answer is a room like this and the answer is 3 days in Iowa and the answer is next year, 7 days in Iowa.

The answer is we have something here that we are discussing that I don't even need to remind people that we'll make 7 tours, 20 tours, 100 tours, looks so incredibly small. This is my priority. This is the priority of this room and I truly believe it is the priority of the two distinguished Senators sitting to my right. We have to do it. Now is not the time to slow down. This is something that I take very seriously and if it is my time and attention, it is a great fight and I am fully committed and I truly believe that we will make a difference. I never entered a race to lose and I'm not entering this one to lose. We have to be realistic. We have to understand what our goals are and clearly state those but we have to make progress and we have to hold our leaders accountable. So when they come through this great State in 2008, folks, ask them. What's your plan?

In case you forget, I'll be back here next year to remind you.

Senator HARKIN. Thank you very much, Lance. Thank all of you. Wasn't this a great panel? It was just a great panel!

Well, I just have a couple of questions. I'd like to get to an open mic though, because I do want to hear from some people here this

morning. I am compelled first, just again, Lance, just off the top of your head, just sort of, through your Foundation, you've been following what we've been doing in cancer. I thank you for your prodding. There is no reason that we're not funding this the way we ought to be funding it, absolutely no reason whatsoever. But—and I'm glad you mentioned the Comprehensive Control Program. Dr. Weiner runs that here in the State of Iowa and the fact that we are under funding it—I guess—I'm just musing here. All the things you see out there, what would be a priority? I mean, what would be something you would like to, in your Foundation, would really like us to really start focusing on? Is there something out there that is kind of a priority?

Mr. ARMSTRONG. Without being a scientist but just being a citizen, if when I wake up, if I had a choice between—let's just say I was starting the Tour de France and I had a choice between a 14-pound bike to climb the mountains or a 20-pound bike. I don't have to tell you which one I would choose. They are both safe. I would definitely choose the 14-pound bike. It's faster, it's lighter, and it's better. That's an easy choice; an easy decision and an easy thought process. To me, the ability to immediately save 200,000 lives has to be a priority. It's not a question of—and as much as I love research and I believe that that has to be totally accelerated, this is stuff we know.

A few months ago, I was in Harlem, at a cancer center and a guy named Dr. Freeman, who runs this cancer center in Harlem, he has lived almost his whole life in Harlem and totally committed to the people there, a beautiful man. He chaired the President's Cancer Panel when I first came on to it. He said to me, "Lance." He speaks very slowly but it is just music when he talks. He said, Lance, it's just the difference and as I sit here, it's the difference of what we know and what we do. If that delta between the two is 200,000 lives. So just applying what we know—and again, these are people that they didn't do anything wrong. They were born into their situation or to their neighborhood. They deserve better. Just by giving them what I would receive or what you would receive, we save their lives. That delta has to come down and that delta can come down, just by applying the information and the technology and the data that we have. I say all the time, it's almost like a Cancer Bill of Rights, that we are all, as Americans—the greatest country in the world, the most progressive, smartest country in the world.

This is the stuff we can do. We can give that to our citizens. Beyond that, of course, is the realm of science and research. That is also critically important. That is an issue of funding, which to me, I see a lot of times when you talk to people at the NCI, imagine if you had a great program that was being cut or wasn't being funded. What does that do to a team of young scientists? Well, it kills their morale and for anybody who has ever been on a team, you have to have morale. If it is a team at RAGBRAI, if it is a team trying to win the Tour de France, if you don't have any money or you don't have the resources, then you don't have morale and that is a deadly thing.

Senator HARKIN. Thanks, Lance. Just one thing. Dr. Weiner, would you—before we came up here, I had read some of the things

Dr. Weiner had written and as you know, we just had a big battle on stem cells. I think I mentioned that in my remarks. We'll be back on that, by the way, next year.

Stem cell research, embryonic stem cell research has always been looked upon as culling so much hope for juvenile diabetes, Alzheimer's, ALS, spinal cord injuries, and a host of other neurological disorders but it has now become clear that there is a nexus between embryonic stem cell research, and cancer. So Dr. Weiner, would you just again, enlighten all of us a little bit about that connection?

Dr. WEINER. Well, there is lots of research taking place now, on a concept known as cancer stem cells. This concept is based on the understanding that every cell in a cancer can't divide forever. There are really only a very small percentage of those that really are responsible for the cancer continuing to grow and spread. These may look very different than the regular cancer cell. Many of our treatments today are designed to treat all of the cells in a cancer. Perhaps what we should be doing is looking more carefully at these cancer stem cells so we can target those guys who are responsible for the continued growth of the cancer. This growing recognition that stem cells, whether embryonic or cancer stem cells, may have lots of similarities. So by studying embryonic stem cells, I think we will learn more about the nature of the cancer stem cell and hopefully learn to develop new, more targeted approaches that nip those cancers in the bud, right at the root of where they are growing.

Senator HARKIN. Again, I want to thank Gary, you, and the whole American Cancer Society for all your great leadership in this area but also in being in the forefront of the battle for stem cell research. We thank you very much for that.

I'll turn to John for a question and then I really want to get an open mike.

Senator KERRY. I do too and I want to try to move there as quick as I can. Just one question. Shirley, first of all, your testimony was just superb and so personal. I'd like to ask you and Dr. Weiner, just really compactly, for a lot of Americans listening when they sort of hear, well, we need more money. How is the money really going to make a difference? We're spending a lot of money. Are we really getting something for it, etcetera. Just in the shortest terms, if you were given an instant to persuade somebody, Shirley from the patient perspective and Dr. Weiner from the research perspective, what is the additional money going to bring to people, in your judgment?

Dr. WEINER. First of all, given that the fact that 40 percent of us are going to get cancer, I would argue that we're not investing a lot of money. It's the equivalent of 5 cents per person per day in the United States, is our investment in cancer research. That being said, I think what we are investing in is hope and that hope is not a false hope. We are making progress and the speed of progress is going to be dependent on our investment. So we're going to make progress against cancer. We have—many of the people out here are active investigators in the Cancer Center and they are not going to quit. Their ability to make progress and to bring those advances to people is going to depend upon how much we invest in it. So you

invest your money in a place where you can get a return and I can't imagine a better place to get a return than cancer research.

Senator KERRY. You said earlier that there are a lot of projects, right on the cusp, that you can't—can you just share quickly some of what—

Dr. WEINER. Taking a laboratory advance and turning it into a promising treatment is very difficult and very challenging from an investment point of view. To make a material that you might test as a treatment that has passed all the testing to be safe and effective, takes millions and millions of dollars. There is a bottleneck and there are many wonderfully promising treatments, again many being worked on by people here today, that we can't get through that bottleneck. We can't get them to the point where we can even test them in patients, much less know if they work. So they are just sitting there, waiting. There are many of the treatments we have today, which are promising, which had to wait in line for a long time before they were able to be used. One of them is a medication known as Fludara that is very effective against lymphoma. It sat for a long time before people could figure out how to use it and make it useful.

Senator KERRY. Thank you very much.

Senator HARKIN. Thanks, Senator. Anybody else want to respond to that? Shirley?

Senator KERRY. Shirley was about to.

Senator HARKIN. Wing it.

Ms. RUEDY. It's so hard. I would like to see Medicare equitable to cancer patients for funding the drugs that they need. Someone told me the other day that they had been in a clinical trial and then in the course of it, went on Medicare because of turning 65 and the drug that he had been taking was no longer paid for because it was not specific to the type of cancer that he had, bladder, but could be used for other disorders as well, so they wouldn't fund it and I think that is grotesquely unfair. Also, Medicare does not cover compression sleeves for women who have lymphedema as a result of breast cancer, as I do, things like that. If I could have a dream scenario, and touching on the topic of implementing the things that we already know, it would be for the United States to have to enforce a Federal ban on smoking in public places.

Senator HARKIN. Shirley, you can wing it any time you'd like.

Ms. RUEDY. Many countries have, including—I don't even know if I'm pronouncing it correctly. Bhutan? In Ireland? For crying out loud, if Bhutan in Ireland can, it seems to me the United States of America can.

Senator HARKIN. Bhutan in Ireland! That's good.

We'll try to get out to the audience. On my left is Nathan. He has the mike and over here is Beth. We have a mike. Just try to raise your hand. I just asked for the record, that unless your name is Jones or Armstrong, could you just spell it if it is a complicated name. Spell it for the record just so that our recorder gets it correctly. So I'd just ask if anyone has any questions for our panel, any observations? Here is a man right over here. Nate? Right back here.

Mr. SODAK. My name is Jack Sodak and to the Senators, as someone who writes a lot of letters to my public officials, I was

wondering what we as voters can do specifically to let you and your colleagues know that we need—this needs to be a huge priority to fund our cancer research and to Lance Armstrong, when are we going to see you run for Congress?

Mr. ARMSTRONG. I was strongly advised not to by the guys on my right.

Senator KERRY. You should have added, “from Iowa.”

Senator HARKIN. We’re going to adopt him here. We’re going to bring him to Iowa. What can you do? Well, that’s a question we always get asked about a lot of things like that. We just have to network, grassroots work, I love grassroots types of organizations. We’ve got a lot of them out there that we have to network with and understand and get them to understand, just like Lance said, that this kind of begins with who is in office and what they are supporting.

So these grassroots networks, whether it is the Cancer Society or the Parkinson’s Network or the Lance Armstrong Foundation, they’re out there and we’ve got to work through those organizations to build up that kind of pressure. It’s got to be on the State level, for people who represent you at the State level, as well as the National level. It’s really got to come up, from the bottom up. Sooner or later, Congress responds. Sometimes more later than not. But they will respond to the pressure and I think what has happened with the funding for NIH over the last couple years, I’m sensing that people are saying this is not the way we want to go and we’ve got to hold people’s feet to the fire. It’s not—let me just add this, it’s not just how they vote or what they do on a specific funding measure.

See, everything that controls what we do on Appropriations is set by the budget. It is what you vote and the budget controls everything. So it is not just how—somebody said, well gee, I’m all for cancer research and stuff like that but gosh, the budget doesn’t allow me to do it. Well, how did you vote on the budget? What did you do when the budget came along and we had a minus?

Senator Specter and I had a \$7 billion amendment on the budget, to add \$7 billion to this bill. We won it. We got 73 votes. That’s pretty bipartisan, 73 to 27. Well, why did we have to do that? Because it wasn’t in the budget. We had to overcome the budget to do that and then we’ve lost it and we’ve come back, as you’ve heard others say, we’re now back at about a \$5 billion level. I just say that. Work through grassroots organizations to build up the pressure on people in office and hold their feet to the fire. Like Lance said, you’ve got to hold their feet to the fire. I don’t know if John’s got any other observations or not.

Senator KERRY. I’d be very blunt about it and I don’t mean to date myself but you go back to 1970, right after I got back from Vietnam, many of us became involved in something called the Earth Day and we still have it but not at that level. What happened is, suddenly something bubbled up and it bubbled up because of activists and energy and I think that is part of what Lance is doing right now. That bubbling up came to a head on one single day in April 1970, when 20 million Americans came out into the streets of our country and said, we want a change. We’re tired of seeing the Cuyahoga River in Ohio light on fire. We’re tired of see-



ing our families live next to a toxic waste site in which they get cancer from the water they drink, etcetera.

The result of that was not just to go out and say, like you are all here today, I'm concerned. It was to translate that concern into action—and disdainful as it may seem to you and I know it does to many people—you look at the political process and it just looks awful. It is dysfunctional, it's broken. But the way you fix it in a democracy is to actually go in and get your hands dirty and sweat it out a little bit and do the work. The work is holding those people in office accountable. What happened in 1970 is, they targeted 12 Congressmen with the worst voting records on the environment and 7 out of 12 of them were beaten in the next election. What did that do? It unleashed the floodgates.

That's when we passed the Clean Air Act, the Clean Water Act, the Safe Drinking Water Act, the Marine Mammal Protection Act, the Coastal Zone Management Act and that's when Richard Nixon signed the EPA into existence. We didn't even have an EPA until then. We've lost that accountability and what we need now is for people to take this concern, just as Lance said, take it into the voting booth and if they're not with you on the budget, vote them out. Kick them out and create the accountability.

Mr. WILLIAMS. Good morning. My name is Dick Williams. I am a urologic oncologist here at the University of Iowa. I want to make a couple of comments. First, thank you all very much for your commitment to cancer and curing it because that's exactly what we are trying to do and we need your help to do it, so thank you so much. I'd like to mention a couple of things. You heard already the story about testicular cancer not being curable years ago and now it is.

I was a resident in my training in 1970 and during that period of time, almost every young man I saw with testicular cancer died. It was painful. I couldn't do anything to help them. I could remove their tumor but I couldn't cure the metastases and it was because of a urologic oncologist, John Donahue, and because of the medical oncologist, who in fact, treated you, Larry Einhorn, who, Larry is, in fact, a UI graduate, who took a chance and took a new drug, Platinum, and directly translated it to the patient, that we now can cure cancer, testicular cancer. Those are the kinds of things that—the point I'm—I want to make—is translation, is where the money needs to be put to some degree. We need a lot of the things you've mentioned today.

Those of us that are trying to get the laboratory to produce things, which I have a wonderful group of laboratory people, researchers, Ph.D.s that are working on cancer research. They have some new drugs. They have some new vaccines. Getting them to the patient is the hardest thing for us to do. One, to get the money to produce the new vaccine that they've produced for us and two, to get it approved and then finally to the patient. If I were to ask you to do one thing for us, help us get the translational research dollars back in. They are not as much as they should be. Finally, as we talk about young researchers, as we talk about people trying to get grants today to do fundamental cancer research, we used to fund in the range of 22–25 percent of the grants. That's not a large number but okay, you pick the best grants. Today it is 12–14 percent, depending on which group you're in. Folks, that's not going

to cure cancer. It's not going to cure a number of the diseases we're out there trying to treat. So we need your help. We're going to stand behind you and thank you very much for being here.

Senator HARKIN. I've often likened research, basic research as—you have 10 doors that are closed. The answer that you are looking for may be behind 1 of those 10 doors. If you're only going to open 1 door, what are the odds? If you open 2 doors, what are the odds? If you open 5 doors, 8—you get the picture, right? Right now, we're opening 1 out of every 7 doors, basically, in cancer research. So what are the odds? That's why we need to do more of this research and get more of it out there. I'm concerned—back to your question about what can you do, there is a group called Coalition for Sensible Priorities.

You can go on the web and find it. They are here in Iowa, they have an Iowa group. I think they have pointed out, if you're talking about research, people say, well we've put all this money into medical research and we still haven't found a cure for cancer. Well, look at it this way. In the last 3 years—in the last 3 years, we have spent more money on military research and development than we have on all biomedical research in the last 100 years. We need better priorities, you say. That's where the money is. We need better priorities. Thank you. I just wanted to point that out.

Senator HARKIN. I don't know—someone back here. Here, Beth?

Off Mic. Senator, you only have time for one more question.

AUDIENCE MEMBER. Since you mentioned the stem cell research, I was wondering also about using umbilical cords because I had a baby 10 months ago and I asked and no one seemed to know where it was going. So how, if it could be used, how do you ask that it be used for some kind of research?

Off Mic. Who do you want to answer?

AUDIENCE MEMBER. Probably one of the Senators. How do you ask to have the umbilical cord used for research or are they already being used for research?

Dr. WEINER. The fact is, in part because we don't have funding to support as much of the research as we'd like to do, we can't use all of the cells from all of the umbilical cords that are available. So we do research with those and some of them are now being used, actually, for bone marrow transplants in children with cancer. But there are more umbilical cords than we are able to take advantage of right now, to be honest. Perhaps we can talk about it later.

Senator HARKIN. Did we have one more? Did you have one?

Mr. LUCY. Nick Lucy. Lucy as in I Love, if you want to spell it that way. A quick observation. You folks are here today to remind us to get a perspective on the war on cancer and we heard a lot about that there is not enough funding and money available. If we are fighting a war on cancer, I would suggest that you go back to your colleagues as veterans in the Senate and military veterans and remind them if we're going to fight a war on cancer, we should apply the same philosophy as when we went into Iraq. We did not ask how much it was going to cost, we just did it and I suggest we do the same thing with cancer. Let's just do it!

Senator HARKIN. We have time for one more before we have to finish.

Ms. PASKER. Hi, I'm Dana Pasker and mine isn't a question, it is just a thank you. My dad also has breast cancer and he was diagnosed in 2001. As of today, he is under control and I think that if there wasn't the research that he would have been gone a long time ago. So thank you.

Senator HARKIN. I'd ask any of our panelists, anything else you would like to say?

Mr. ARMSTRONG. Just a quick invitation. On September 20, 10,000 American Cancer Society volunteers and survivors are going to be on the Hill, asking Congress to make good on some of the promises we talked about today, so we'd love to see all three or all of our panelists there with us, joining in and delivering that message.

Senator HARKIN. Good for you! September 20.

Dr. Weiner?

Dr. WEINER. There was a question earlier on about what single thing could we do right now. In Iowa, my personal opinion is the single thing we need to do, is we need to raise the tax on the tobacco and invest that money.

Senator HARKIN. That's good!

Dr. WEINER. Invest that money in cancer control and cancer research as well as tobacco control.

Senator HARKIN. Very good. Shirley?

Ms. RUEDY. Ditto!

Senator HARKIN. Lance?

Mr. ARMSTRONG. I would just echo what you guys said to this fellow's question, about what you can do. Listen, this room—these guys have some power, some power. The man in the White House has some power. But this room has a lot more power. That's the way you make the difference because whatever your interest is, if it is the environment, if it is religion, if it is a gun, if it is a lot of different special interests, this has to become a special interest and one that bands together and says, we're voting that way. That's how you make the difference. So the power of this room, the ability for them to come together and pull together and say that we care about this and we're sick of the complacency and we're sick of this war, that's how we'll make a difference. So I can't stress enough, join—if it is a Live-Strong Army, if it is the American Cancer Society, or if it is an endless amount of other great organizations out there, stand up and say, "that's it!" I've had enough and I want to make a difference and I'm going to vote that way. That's how we ultimately make a serious difference, once and for all.

Senator HARKIN. Thank you.

I thank all our panelists. I thank all of you for being here. What a great audience. Thank you for being here and showing your support for better cancer research and for changing our priorities. Go on site, [livestrong.org](http://livestrong.org). Okay, [livestrong.org](http://livestrong.org). You can go on the Lance Armstrong Foundation website. We need their help. I say that forthrightly. We need their help in marshalling up public opinion and getting all of you people working together in this effort. Again, I just want to thank all of you for being here.

## CONCLUSION OF HEARING

I thank Senator Kerry for his great leadership through all these years, his friendship, and to Lance Armstrong, thank you for your great, great personal involvement in this and what you've done to focus the public's attention on this. We're going to win this one, folks. We just have to make sure that we emulate Lance Armstrong and don't ever give up. Thank you.

[Whereupon at 10:01 a.m., Friday, July 28, the hearing was concluded, and the subcommittee was recessed, to reconvene subject to the call of the Chair.]

